



**GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOMODULATORS, LUPUS PA SUMMARY**

Preferred	Non-Preferred
Tacrolimus immediate-release generic	Lupkynis (voclosporin)

LENGTH OF AUTHORIZATION: Initial: 6 months, Repeat: 1 year

PA CRITERIA:

Lupkynis

- ❖ Approvable for members 18 years of age or older with a diagnosis of active lupus nephritis (LN) with confirmed lupus by an anti-nuclear antibody (ANA) titer $\geq 1:80$ or an anti-double stranded DNA (anti-dsDNA) titer ≥ 30 IU/ml who have a urine protein to creatinine ratio (UPCR) ≥ 1.5 mg/mg and are experiencing disease activity with standard treatment consisting of corticosteroid (e.g. prednisone, methylprednisolone, prednisolone) and immunosuppressant (e.g. azathioprine, cyclophosphamide, hydroxychloroquine, mycophenolate)

AND

- ❖ Members must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with tacrolimus and Benlysta

AND

- ❖ Must be prescribed by or in consultation with a nephrologist or rheumatologist.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.